

ISSUE SLIP STAPLE AREA (for additional cross references)

09/330,651

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		6-23-99
O.L.P.E. CLASSIFIER		31	6/28/99
FORMALITY REVIEW	D. Bel	65373	7/8/99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	Original
1	10/10/01
2	10/10/01
3	10/10/01
4	10/10/01
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50	10/10/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here